

CONTRACT #2
RFS # 318.66-026

**Department of Finance
& Administration
Bureau of TennCare**

VENDOR:
**Volunteer State Health Plan,
Inc. (TennCare Select)**



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

RECEIVED

APR 13 2006

FISCAL REVIEW

April 11, 2006

Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

Attention: Leni Chick

RE: Bureau of TennCare Contract Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee amendment #14 of contract # FA-02-14632-00, Volunteer State Health Plan, Inc. (TennCare Select). As required by the Center for Medicare and Medicaid Services, annual payments are made via an MCO to Meharry Medical Services and/or the Meharry Dental Clinic for unreimbursable TennCare and charity case costs. This amendment provides additional funding for Fiscal Year 2006 unreimbursed cost.

The Bureau of TennCare would greatly appreciate the consideration and approval of this amendment by the Fiscal Review Committee.

Sincerely,

Keith Gaither
Deputy Chief Financial Officer

Cc: J. D. Hickey, Deputy Commissioner
Darin Gordon
Alma Chilton

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-026		
STATE AGENCY NAME :	Department of Finance and Administration, Bureau of TennCare		
SERVICE CAPTION :	Provides TennCare covered services to children in State custody and provides a safety net should other MCO's fail.		
CONTRACT #	FA-02-14632-00	PROPOSED AMENDMENT #	14
CONTRACTOR :	Volunteer State Health Plan, Inc.		
CONTRACT START DATE :	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006		
CURRENT MAXIMUM LIABILITY :	\$461,627,304.90		
LATEST POSSIBLE END DATE <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2006		
TOTAL MAXIMUM COST <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	\$464,688,530.90		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
Provides vehicle for payments to Meharry Medical Services Foundation and/or the Meharry dental Clinic for unreimbursable TennCare and charity case costs.			
(2) explanation of need for the proposed amendment :			

As required by the Center for Medicare and Medicaid Services, annual payments are made by the Contractor to Meharry Medical Services and/or the Meharry Dental Clinic for unreimbursable TennCare and charity case costs. This amendment provides for remainder of funds to be paid.

(3) **name and address of the proposed contractor's principal owner(s) :**
(not required if proposed contractor is a state education institution)

BlueCross BlueShield 801 Pine St Chattanooga, TN 37402

(4) **documentation of OIR endorsement of the Non-Competitive procurement request :**
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) **documentation of Department of Personnel endorsement of the Non-Competitive procurement request :**
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) **description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :**

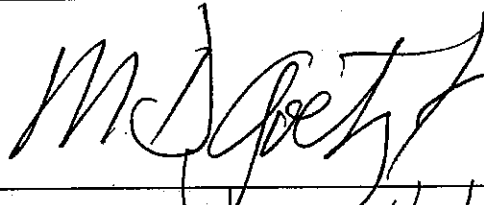
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

(7) **justification of why the F&A Commissioner should approve a Non-Competitive Amendment :**

The approval of this amendment by F&A will ensure the state can make final payment to Meharry Medical Services and/or Meharry Dental Clinic for FY 2006. This amount is a sum sufficient to administer this amendment in accordance with state law. CMS requires this type of payment be made via an MCO.

AGENCY HEAD REQUEST SIGNATURE:

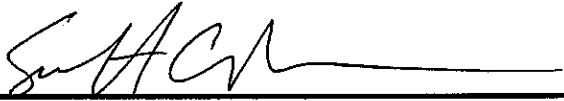
(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)



SIGNATURE DATE:

4/10/06

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026	Contract Number:	FA-02-14632-14
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2006	
Allotment Code	Cost Center	Object Code	Fund
318.66	532	134	11
		<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2002	\$ 6,755,937.23	\$ 11,843,931.25	
2003	\$ 15,785,123.40	\$ 17,294,819.40	
2004	\$ 25,125,990.72	\$ 38,364,165.90	
2005	\$ 58,007,447.00	\$ 58,007,447.00	
2006	\$87,748,111.00	\$87,748,111.00	
2007	\$29,003,723.50	\$29,003,723.50	
Total:	\$222,426,332.85	\$ 242,262,198.05	
CFDA#	93.778 Title XIX Dept. of Health & Human Svcs.		
State Fiscal Contract		Check the box ONLY if the answer is YES:	
Name: Scott Pierce		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Address: Great Circle Road		Is the Contractor a Vendor? (per OMB A-133)	
Phone: Nashville, TN		Is the Fiscal Year Funding STRICTLY LIMITED?	
(615)507-6415		Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Scott Pierce 		Is the Contractor's Form W-9 Filed with Accounts?	
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
	Base Contract & Prior Amendments	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
CONTRACT END DATE:	12/31/2006		
FY: 2002	\$ 18,599,868.48		
FY: 2003	\$ 33,079,942.80		
FY: 2004	\$ 63,490,156.62		
FY: 2005	\$116,014,894.00		
FY: 2006	\$172,434,996.00		
FY: 2007	\$58,007,447.00		
Total:	\$ 461,627,304.90	\$3,061,226.00	

AMENDMENT NUMBER 14

**AN AGREEMENT FOR THE ADMINISTRATION OF TENNCARE SELECT
BETWEEN
THE STATE OF TENNESSEE,
d.b.a. TENNCARE
AND
VOLUNTEER STATE HEALTH PLAN, INC.**

CONTRACT NUMBER: FA-02-14632-00

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Amended and Restated Contractor Risk Agreement (CRA) by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and VOLUNTEER STATE HEALTH PLAN, INC., hereinafter referred to as the CONTRACTOR as specified below.

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Part d. of Section 2-25 shall be amended by deleting 10,000,000 and replacing it with 13,000,000 so that the amended Section 2-25.d shall read as follows:
 - d. Payments to the Meharry Medical Services Foundation and/or the Meharry Dental Clinic under this amendment shall not exceed \$13,000,000 for State fiscal year 2006. In addition to any interest earned, TENNCARE agrees to pay the CONTRACTOR a sum sufficient to administer this amendment in accordance with state law. The total obligation to the CONTRACTOR under this amendment including the supplemental payment to Meharry Medical Services Foundation and/or the Meharry Dental Clinic shall not exceed \$13,265,306 for State fiscal year 2006. At such time that Federal Regulations allow, TENNCARE may discontinue making supplemental pool payments through the CONTRACTOR during State fiscal year 2006.

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

**STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION**

BY: _____
M. D. Goetz, Jr.
Commissioner

DATE: _____

APPROVED BY:

**STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION**

BY: _____
M. D. Goetz, Jr.
Commissioner

DATE: _____

VOLUNTEER STATE HEALTH PLAN, INC.

BY: _____
Ronald E. Harr
President and Chief Executive Officer

DATE: _____


APPROVED BY:

**STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY**

BY: _____
John G. Morgan
Comptroller

DATE: _____

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-13	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2006		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 58,007,447.00	\$ 58,007,447.00			\$ 116,014,894.00	
2006	\$86,217,498.00	\$86,217,498.00			\$172,434,996.00	
2007	\$29,003,723.50	\$29,003,723.50			\$58,007,447.00	
Total:	\$220,895,719.85	\$ 240,731,585.05			\$ 461,627,304.90	
CFDA#	93.778 Title XIX Dept. of Health & Human Svcs.			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Scott Pierce			Is the Contractor a Vendor? (per OMB A-133)		
Address:	Great Circle Road			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)507-6415			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Scott Pierce 				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:		12/31/2006				
FY: 2002		\$ 18,599,868.48				
FY: 2003		\$ 33,079,942.80				
FY: 2004		\$ 63,490,156.62				
FY: 2005		\$116,014,894.00				
FY: 2006		\$116,014,894.00	\$56,420,102.00			
FY: 2007		\$58,007,447.00				
Total:		\$ 405,207,202.90	\$56,420,102.00			

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FISCAL REVIEW

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 COMPTROLLER'S OFFICE
 OFICE OF
 MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-12	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2006		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 58,007,447.00	\$ 58,007,447.00			\$ 116,014,894.00	
2006	\$58,007,447.00	\$58,007,447.00			\$116,014,894.00	
2007	\$29,003,723.50	\$29,003,723.50			\$58,007,447.00	
Total:	\$ 192,685,668.85	\$ 212,521,534.05			\$ 405,207,202.90	
CFDA#	93.778 Title XIX Dept. of Health & Human Svcs.			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Scott Pierce 310			Is the Contractor a Vendor? (per OMB A-133)		
Address:	Great Circle Road			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)507-6415			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Scott Pierce				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
	Base Contract & Prior Amendments	This Amendment ONLY				
CONTRACT END DATE:	12/31/2005	12/31/2006				
FY: 2002	\$ 18,599,868.48					
FY: 2003	\$ 33,079,942.80					
FY: 2004	\$ 63,490,156.62					
FY: 2005	\$116,014,894.00					
FY: 2006	\$55,335,500.00	\$60,679,394.00				
FY: 2007		\$58,007,447.00				
Total:	\$ 286,520,361.90	\$118,686,841.00				

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-11	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2005		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 58,007,447.00	\$ 58,007,447.00			\$ 116,014,894.00	
2006	\$27,667,750.00	\$ 27,667,750.00			\$ 55,335,500.00	
Total:	\$ 133,342,248.35	\$ 153,178,113.55			\$ 286,520,361.90	
CFDA#	93.778 Title XIX Dept. of Health & Human Svcs.			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Scott Pierce				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:		12/31/2005				
FY: 2002		\$ 18,599,868.48				
FY: 2003		\$ 33,079,942.80				
FY: 2004		\$ 63,490,156.62				
FY: 2005		\$116,014,894.00				
FY: 2006		\$55,335,500.00				
Total:		\$ 286,520,361.90				

CONTRACT SUMMARY SHEET

RFS Number: 318.66-026		Contract Number: FA-02-14632-10	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2005	
Allotment Code	Cost Center	Object Code	Fund
318.66	532	134	11
		<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2002	\$ 6,755,937.23	\$ 11,843,931.25	
2003	\$ 15,785,123.40	\$ 17,294,819.40	
2004	\$ 25,125,990.72	\$ 38,364,165.90	
2005	\$ 58,007,443.00	\$ 58,007,443.00	
2006	\$ 27,667,750.00	\$ 27,667,750.00	
Total:	\$ 133,342,244.35	\$ 153,178,109.55	
CFDA# 93.778 Title XIX Dept. of Health & Human Svcs.		Check the box ONLY if the answer is YES:	
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Dean Daniel		Is the Contractor a Vendor? (per OMB A-133)	
Address: 729 Church Street		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: Nashville, TN (615)532-1362		Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Scott Pierce		Is the Contractor's Form W-9 Filed with Accounts?	
Funding Certification			
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
COMPLETE FOR ALL AMENDMENTS (only)			
	Base Contract & Prior Amendments	This Amendment ONLY	
CONTRACT END DATE:	12/31/2004	12/31/2005	
FY: 2002	\$ 18,599,868.48		
FY: 2003	\$ 33,079,942.80		
FY: 2004	\$ 63,490,156.62		
FY: 2005	\$110,671,000.00	\$5,343,886.00	
FY: 2006	\$55,335,500.00		
Total:	\$ 281,176,467.90	\$ 5,343,886.00	

CONTRACT SUMMARY SHEET

RFS Number: 318.66-026		Contract Number: FA-02-14632-09	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2005	
Allotment Code	Cost Center	Object Code	Fund
318.66	532	134	11
		<input type="checkbox"/> STARS	
		Total Contract Amount (Including ALL amendments)	
FY	State Funds	Federal Funds	
2002	\$ 6,755,937.23	\$ 11,843,831.25	\$ 18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40	\$ 33,079,942.80
2004	\$ 25,125,990.72	\$ 38,364,165.90	\$ 63,490,156.62
2005	\$ 55,335,500.00	\$ 55,335,500.00	\$ 110,671,000.00
2006	\$ 26,867,750.00	\$ 26,867,750.00	\$ 53,735,500.00
Total:	\$ 129,670,301.35	\$ 149,506,166.55	\$ 281,176,467.90
CFDA#		92.778	
State Fiscal Contract		Check the box ONLY if the answer is YES:	
Name: Dean Daniel		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Address: 729 Church Street		Is the Contractor a Vendor? (per OMB A-133)	
Phone: Nashville, TN		Is the Fiscal Year Funding STRICTLY LIMITED?	
(615)532-1362		Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Scott Pierce		Is the Contractor's Form W-9 Filed with Accounts?	
Funding Certification			
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
COMPLETE FOR ALL AMENDMENTS (only)			
	Base Contract & Prior Amendments	This Amendment ONLY	
CONTRACT END DATE:	12/31/2004	12/31/2005	
FY: 2002	\$ 18,599,868.48		
FY: 2003	\$ 33,079,942.80		
FY: 2004	\$ 63,490,156.62		
FY: 2005	\$ 39,155,080.00	\$ 71,515,920.00	
FY: 2006		\$ 55,335,500.00	
Total:	\$ 154,325,047.90	\$ 126,851,420.00	

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-08	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2004		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 13,935,109.85	\$ 25,219,978.15			\$ 39,155,088.00	
Total:	\$ 61,602,161.20	\$ 92,722,894.70			\$ 154,325,055.90	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Scott Piercee <i>Keith Gauthier</i>				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:						
FY: 2002	\$ 18,599,868.48					
FY: 2003	\$ 33,079,942.80					
FY: 2004	\$ 63,490,156.62					
FY: 2005	\$ 34,094,974.00		\$5,060,114.00			
FY:						
Total:		\$ 149,264,941.90	\$ 5,060,114.00			

RECEIVED
 OCT 26 2004
 Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-07	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V-		
<input type="checkbox"/> C-						
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2004		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 12,121,615.63	\$ 21,973,358.37			\$ 34,094,974.00	
Total:	\$ 59,788,666.98	\$ 89,476,274.92			\$ 149,264,941.90	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	(615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel <i>Dean Daniel 6/24/04</i>				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:						
FY: 2002	\$ 18,599,868.48					
FY: 2003	\$ 33,079,942.80					
FY: 2004	\$ 63,490,156.62					
FY: 2005	\$ 34,094,974.00					
FY:						
Total:	\$ 149,264,941.90	\$	-			

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CONTRACT SUMMARY SHEET

RFS Number: 318.66-026		Contract Number: FA-02-14632-06	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2004	
Allotment Code	Cost Center	Object Code	Fund
318.66	839	134	11
		<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2002	\$ 6,755,937.23	\$ 11,843,931.25	
2003	\$ 15,785,123.40	\$ 17,294,819.40	
2004	\$ 25,125,990.72	\$ 38,364,165.90	
2005	\$ 12,121,615.63	\$ 21,973,358.37	
Total:	\$ 59,788,666.98	\$ 89,476,274.92	
CFDA#	93.778		Check the box ONLY if the answer is YES:
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Dean Daniel	Is the Contractor a Vendor? (per OMB A-133)	
Address:	729 Church Street	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	Nashville, TN (615)532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Dean Daniel <i>Dean Daniel</i> 12/23/03		Is the Contractor's Form W-9 Filed with Accounts?	
COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
CONTRACT END DATE:			
FY: 2002	\$ 18,599,868.48		
FY: 2003	\$ 33,079,942.80		
FY: 2004	\$ 29,395,182.62	\$ 34,094,974.00	
FY: 2005		\$ 34,094,974.00	
FY:			
Total:	\$ 81,074,993.90	\$ 68,189,948.00	

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-05	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2003		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 13,004,375.09	\$ 16,390,807.53			\$ 29,395,182.62	
Total:					\$ 81,074,993.90	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel	<i>Dean Daniel</i> 12/11/03			Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
CONTRACT END DATE:		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
FY: 2002		\$ 18,599,868.48		<i>Budget 12-9-03</i>		
FY: 2003		\$ 33,079,942.80				
FY: 2004		\$ 24,372,429.50	\$ 5,022,753.12			
FY:						
FY:						
Total:		\$ 76,052,240.78	\$ 5,022,753.12			

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CONTRACT SUMMARY SHEET

RFS Number:	318.66 - 026			Contract Number:	FA-02-14632-04	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2003		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 11,153,919.98	\$ 13,218,509.53			\$ 24,372,429.50	
Total:	\$ 33,694,980.61	\$ 42,357,260.18			\$ 76,052,240.78	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	(615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel	<i>Dean Daniel</i> 11/14/03			Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:						
FY: 2002	\$ 18,599,868.48					
FY: 2003	\$ 33,079,942.80					
FY: 2004	\$ 18,366,944.50	\$ 6,005,485.00				
FY:						
FY:						
Total:	\$ 70,046,755.78	\$ 6,005,485.00				

CONTRACT SUMMARY SHEET

RFS Number:	318-66-026			Contract Number:	FA-02-14632-03		
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare		
Contractor				Contract Identification Number			
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-			
Service Description							
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
7/1/2001				12/31/2003			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	839	134	11	<input type="checkbox"/> STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48		
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80		
2004	\$ 9,183,472.25	\$ 9,183,472.25			\$ 18,366,944.50		
Total:	\$ 31,724,532.88	\$ 38,322,222.90			\$ 70,046,755.78		
CFDA#	93.778			Check the box ONLY if the answer is YES:			
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)			
Address:	729 Church Street						
Phone:	Nashville, TN (615)532-1362			Is the Fiscal Year Funding STRICTLY LIMITED?			
Procuring Agency Budget Officer Approval Signature				Is the Contractor on STARS?			
Dean Daniel	<i>Dean Daniel</i> 6/30/03			Is the Contractor's FORM W-9 ATTACHED?			
				Is the Contractor's Form W-9 Filed with Accounts?			
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification			
		Base Contract & Prior Amendments	This Amendment ONLY		Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:							
FY: 2002							
FY: 2003							
FY: 2004							
FY:							
FY:							
Total:		\$ -	\$ -				

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CONTRACT SUMMARY SHEET

Contract Number: FA-02-14632-02	Contract Identification Number
Contractor: 318.66-026	Division: Bureau of TennCare
Agency: Department of Finance and Administration	
Contractor: (TennCare Select)	

Service Description

ed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population

Contract Begin Date: 7/1/2001	Contract End Date: 12/31/2003
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Contract Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
			Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
004	\$ 9,183,472.25	\$ 9,183,472.25			\$ 18,366,944.50	
Total:		\$ 31,724,532.88	\$ 38,322,222.90		\$ 70,046,755.78	

State Fiscal Contract Dean Daniel 729 Church Street Nashville, TN (615)532-1362	Check the box ONLY if the answer is YES: Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input type="checkbox"/> Is the Contractor a Vendor? (per OMB A-133) <input type="checkbox"/> Is the Fiscal Year Funding STRICTLY LIMITED? <input type="checkbox"/> Is the Contractor on STARS? <input type="checkbox"/> Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/> Is the Contractor's Form W-9 Filed with Accounts? <input type="checkbox"/>
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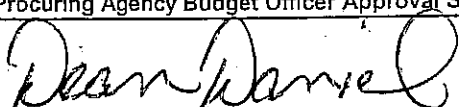
COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
CONTRACT END DATE:	12/31/2003	
002	\$ 18,599,868.48	
003	\$ 28,036,976.80	\$ 5,042,966.00
004	\$ 18,366,944.50	
Total:	\$ 65,003,789.78	\$ 5,042,966.00

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-01	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description ®						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2003		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 14,018,488.40	\$ 14,018,488.40			\$ 28,036,976.80	
2004	\$ 9,183,472.25	\$ 9,183,472.25			\$ 18,366,944.50	
Total:	\$ 29,957,897.88	\$ 35,045,891.90			\$ 65,003,789.78	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	(615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel 				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:		12/31/2002	12/31/2003			
FY: 2002		\$ 18,599,868.48				
FY: 2003		\$ 9,670,032.30	\$ 18,366,944.50			
FY: 2004			\$ 18,366,944.50			
FY:						
Total:		\$ 28,269,900.78	\$ 36,733,889.00			

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CONTRACT SUMMARY SHEET

Contract Number		FA-02-14632-00		State Agency		Tennessee Department of Finance and Administration	
				Division		Bureau of TennCare	
Contractor				Vendor ID Number			
VSHP (TennCare Select)				<input type="checkbox"/> V— <input type="checkbox"/> C—			
Service Description							
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
07/01/01				12/31/02			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	839	134	11	<input type="checkbox"/> on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	6,755,937.23	11,843,931.25			18,599,868.48		
2003	3,512,397.48	6,157,634.82			9,670,032.30		
Total	10,268,334.71	18,001,566.07			28,269,900.78		
<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited				CFDA Number 93.778			
<input type="checkbox"/> Contractor is on STARS				State Fiscal Contact			
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached				Name Address Phone Keith Gaither 729 Church Street, Nashville TN 37247-6501 (615) 532-1362			
<input type="checkbox"/> Service Provider Registered with F&A				Procuring Agency Budget Officer Approval Signature			
<input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)				<i>Keith Gaither / RD 6/29/01</i> Keith Gaither			
COMPLETE FOR ALL AMENDMENTS (only)							
	Base Contract & Prior Amendments	This Amendment ONLY					
Contract End Date							
Total							
Funding Certification							
Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.							
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